

# PLACER COUNTY IN-HOME SUPPORTIVE SERVICES

## PUBLIC AUTHORITY

11512 B AVENUE, AUBURN, CA 95603

(530) 886-3680



Revised 5-18-15

### Independent Provider (IP) Application

(PLEASE COMPLETE IN BLUE OR BLACK INK ONLY)

First Name:			
Middle Initial:			
Last Name:		Maiden or other:	
Primary Phone and Area Code:		(Number that will be referred to clients)	
Secondary Phone and Area Code:			
Message Phone and Area Code:			
Mailing Address:		Physical Address:	
City:		State:	Zip:
Social Security Number:			
Date of Birth:			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Drivers License Number:		Expiration Date:	
California ID Number:		Expiration Date:	
Email Address:			
Emergency Contact Name:		Relationship:	
Emergency Contact Phone Number with area code:			

### Days and Hours of Availability (Check all that apply)

Mornings:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Afternoons:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Evenings:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Number of hours per week you would like to work?							

Give short-term respite?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client preference?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Either
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drive client car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Form of transportation?	<input type="checkbox"/> Bus <input type="checkbox"/> Car	Will you work?	<input type="checkbox"/> Holidays <input type="checkbox"/> Overnight <input type="checkbox"/> On-call <input type="checkbox"/> 1-2 hrs
Read/Write English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work for a consumer with pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you work for a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work for a consumer with autism?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Geographic Preference

<input type="checkbox"/> Alpine Meadows	<input type="checkbox"/> Cisco Grove	<input type="checkbox"/> Granite Bay	<input type="checkbox"/> Moorpark	<input type="checkbox"/> Roseville
<input type="checkbox"/> Alta	<input type="checkbox"/> Clipper Gap	<input type="checkbox"/> Homewood	<input type="checkbox"/> Newcastle	<input type="checkbox"/> Sheridan
<input type="checkbox"/> Applegate	<input type="checkbox"/> Colfax	<input type="checkbox"/> Iowa Hill	<input type="checkbox"/> Norden	<input type="checkbox"/> Squaw Valley
<input type="checkbox"/> Auburn	<input type="checkbox"/> Dutch Flat	<input type="checkbox"/> Kings Beach	<input type="checkbox"/> Northstar	<input type="checkbox"/> Tahoe City
<input type="checkbox"/> Baxter	<input type="checkbox"/> Elverta	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Olympic Valley	<input type="checkbox"/> Tahoma
<input type="checkbox"/> Blue Canyon	<input type="checkbox"/> Emigrant Gap	<input type="checkbox"/> Loomis	<input type="checkbox"/> Ophir	<input type="checkbox"/> Weimar
<input type="checkbox"/> Bowman	<input type="checkbox"/> Foresthill	<input type="checkbox"/> Meadow Vista	<input type="checkbox"/> Penryn	
<input type="checkbox"/> Carnelian Bay	<input type="checkbox"/> Gold Run	<input type="checkbox"/> Michigan Bluff	<input type="checkbox"/> Rocklin	

## Type of Work Desired

<input type="checkbox"/> Domestic Services	<input type="checkbox"/> Menstrual Care
<input type="checkbox"/> Preparation of Meals	<input type="checkbox"/> Ambulation
<input type="checkbox"/> Meal Clean Up	<input type="checkbox"/> Transfer
<input type="checkbox"/> Routine Laundry	<input type="checkbox"/> Bathing, Oral Hygiene, Grooming
<input type="checkbox"/> Shopping for Food	<input type="checkbox"/> Rubbing Skin - Repositioning
<input type="checkbox"/> Other Shopping & Errands	<input type="checkbox"/> Care & Assistance with Prosthesis **
<input type="checkbox"/> Heavy Cleaning	<input type="checkbox"/> Accompaniment to Medical Appointments
<input type="checkbox"/> Respiration	<input type="checkbox"/> Accompaniment to Alt. Resources
<input type="checkbox"/> Bowel & Bladder Care	<input type="checkbox"/> Protective Supervision
<input type="checkbox"/> Feeding	<input type="checkbox"/> Paramedical Services
<input type="checkbox"/> Routine Bed Baths	<input type="checkbox"/> Hoyer Lift
<input type="checkbox"/> Dressing	<input type="checkbox"/> Slide Board
	<input type="checkbox"/> Autism

**\*\* A prosthesis is anything other than the consumer's natural body, e.g. eyeglasses, dentures, cane, etc.**

## Willing to Work With

<input type="checkbox"/> Children	<input type="checkbox"/> Elderly	<input type="checkbox"/> Terminally Ill
<input type="checkbox"/> Consumers Using Oxygen	<input type="checkbox"/> Memory Problems	<input type="checkbox"/> Women
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Men	<input type="checkbox"/> Autism

## YOUR Ethnicity (Optional)

<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> Latino	<input type="checkbox"/> Other

## Language(s) YOU SPEAK

<input type="checkbox"/> American Sign	<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Arabic	<input type="checkbox"/> French	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Italian	<input type="checkbox"/> Romanian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian	<input type="checkbox"/> OTHER:
<input type="checkbox"/> English	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	

Have you ever been convicted of a felony or misdemeanor charge? ☐ Yes ☐ No

If “yes”, please list below all convictions since your 18<sup>th</sup> birthday.

Offense Date	Place of Conviction	Sentence	Release Date

Other facts you would like considered:

You will be required to complete and pass a *Live Scan (background check) Fingerprint Clearance* BEFORE you are accepted on the Registry. This form will be available and explained at orientation.

**NOTE:** Placer County does NOT pay these fees. Our office will be informed of the results of your Live Scan. You will be notified by the Public Authority when this process is complete.

Have you attended a Placer County IHSS Provider Orientation in the last six months?

☐ Yes ☐ No

Have you viewed the State required video at one of our orientations? ☐ Yes ☐ No

List any training you have had related to In-Home care:

Certificates or Licenses you possess:

<input type="checkbox"/> First Aid	Expires:
<input type="checkbox"/> CPR	Expires:
<input type="checkbox"/> C.N.A.	Expires:
<input type="checkbox"/> CHHA	Expires:
<input type="checkbox"/> Other	Expires:
<input type="checkbox"/> Other	Expires:
<input type="checkbox"/> Other	Expires:

Have you had previous experience providing In-Home care?

Yes ☐ No ☐

Are you currently working as an IHSS Provider?

Yes ☐ No ☐

Have you graduated high school or passed the high school equivalency test?

Yes ☐ No ☐

**THE FOLLOWING SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME.  
Please provide 3 WORK REFERENCES– Begin with most recent job (Please DO NOT use relatives)**

FROM   TOTAL: YR.	TO   MO.	JOB TITLE:		EMPLOYER:	
		CONTACT PERSON & AREA CODE & <b>PHONE NUMBER</b> :		ADDRESS:	
		HOURS PER WEEK:	REASON FOR LEAVING:		
DUTIES:					

  

FROM   TOTAL: YR.	TO   MO.	JOB TITLE:		EMPLOYER:	
		CONTACT PERSON & AREA CODE & <b>PHONE NUMBER</b> :		ADDRESS:	
		HOURS PER WEEK:	REASON FOR LEAVING:		
DUTIES:					

  

FROM   TOTAL: YR.	TO   MO.	JOB TITLE:		EMPLOYER:	
		CONTACT PERSON & AREA CODE & <b>PHONE NUMBER</b> :		ADDRESS:	
		HOURS PER WEEK:	REASON FOR LEAVING:		
DUTIES:					

**Personal References –TWO ARE REQUIRED (Please DO NOT use relatives):**

NAME:	PHONE NUMBER	YEARS ACQUAINTED:
	RELATIONSHIP:	ADDRESS:

  

NAME:	PHONE NUMBER	YEARS ACQUAINTED
	RELATIONSHIP	ADDRESS:

**I authorize the Public Authority to verify any information contained in this application.** ☐ Yes ☐ No  
*(A “no” answer to this question will automatically exclude you from acceptance to the Registry.)*

I hereby certify that all statements made in connection with this application are complete and true to the best of my knowledge.

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 Signature of Applicant

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 Date

**PLEASE REVIEW YOUR APPLICATION BEFORE MAILING, IF ANY INFORMATION IS MISSING YOUR APPLICATION WILL BE RETURNED.**

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**Placer County  
IHSS Public Authority Registry**

**IHSS Provider Applicant  
Release of Information Consent Form**

I \_\_\_\_\_ give permission for the Placer County IHSS Public Authority to obtain information regarding my prior work history. I understand this release of information is valid for 90 days from the date indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date